

# Experts: Test All Pregnant Women for HIV

July 5, 2005 10:56:19 AM PST

**By Alan Mozes**

*HealthDay Reporter*

TUESDAY, July 5 (HealthDay News) -- All pregnant women should be screened for HIV infection, according to the latest testing recommendations issued Tuesday by the U.S. Preventive Services Task Force.

By focusing on all pregnant women, the panel expanded on its earlier 1996 guidelines that had advocated testing and counseling only for high-risk pregnant women, as well as for those living in communities with a high rate of newborn HIV infection.

"We hope the HIV test will become destigmatized, so it's like any other test that a pregnant woman has," said Dr. Diana Petitti, vice chairwoman of the task force.

The panel, made up of independent, private-sector primary-care and disease-prevention experts, also reiterated earlier recommendations calling for the screening of all adolescents and adults at high risk for HIV infection.

Under current recommendations, "high-risk" populations include:

- men who have had sex with men since 1975,
- individuals who engage in unprotected sex with multiple partners,
- injection drug users,
- male and female prostitutes and their partners,
- individuals who are having or have had sex with partners who are bisexual, HIV positive, or injection drug users,
- individuals being treated for a sexually transmitted disease (STD),
- individuals who underwent a blood transfusion between 1978 and 1985.

As reported in the July 5 issue of the *Annals of Internal Medicine*, the new guidelines also expand the definition of "increased risk" to include all patients seeking care in "high-risk clinical settings" - facilities where 1 percent or more of those housed or treated are infected with HIV.

Facilities falling into this category include homeless shelters, clinics focused on the treatment of STDs, correctional facilities, tuberculosis clinics, clinics serving homosexual and bisexual men, and clinics serving adolescents with a high rate of STD infection.

"The task force believes that the evidence for a health benefit based on early detection is quite large, and hopes that moving in this direction will encourage more people that don't think they are necessarily in high risk groups to become tested," Petitti said.

The panel, which is supported by the Agency for Healthcare Research and Quality at the U.S. Department of Health and Human Services, based its latest revisions on a broad review of studies conducted between 1983 and 2004.

Petitti and her colleagues said the advent of powerful HIV-suppressing combination drug therapies in the mid-1990s means the survival of HIV-positive individuals has greatly improved since the panel issued their first guidelines in 1996.

As well, they noted that HIV tests are more accurate and increasingly accepted by patients. Nevertheless, the task force cited research indicating that between one-fifth and one-quarter of HIV-positive Americans go undiagnosed because they don't fall under the 1996 risk categories -- either because they do not wish to disclose certain activities or because they are unaware of a partner's behavior.

Experts believe that between 850,000 to 950,000 American men and women are currently infected with HIV -- a figure that increases by 40,000 new infections each year.

AIDS is still the fifth-leading cause of death for people between the ages of 25 and 44 in the United States, and the seventh leading cause of death for those between the ages of 15 and 24, according to the National Center for Health Statistics.

The panelists note that women now make up the fastest-growing segment of newly infected patients, and up to 7,000 HIV-positive pregnant American women give birth each year.

Prenatal detection of maternal HIV infection gives doctors the chance to start antiretroviral treatment early, which can reduce the risk of mother-to-child transmission of HIV to as low as 1 percent. In contrast, up to 25 percent of babies born to undiagnosed and untreated HIV-positive mothers will become infected, the panelists said.

Pettiti is hopeful that more women will welcome the HIV test during their pregnancy, especially with the knowledge that something can be done to help both themselves and their baby.

Combination antiretroviral drug therapy "has been something of a miracle and a major advance in the care of HIV, prolonging a patient's life and making the patient healthy, longer," she said. "And so there are options now -- when HIV is detected early -- that simply weren't available in 1996."

Gillian D. Sanders, an associate professor of medicine with the Duke Clinical Research Institute at Duke University, applauded the task force's efforts to encourage as many people to get tested and treated as early as possible.

"The voluntary screening of pregnant women is a very effective way to get the women themselves into treatment, and to prevent the transmission of HIV to the infant and to her sexual partners," said Sanders.

Sanders said her own work suggests "high-risk" populations should be defined even more broadly than the current guidelines.

To that end, she suggested that HIV screening be targeted at patients seeking care at facilities where the rate of HIV infection is known to be as low as .05 percent -- 20 times lower than the task force's new threshold of 1 percent.

"But certainly," she said, "I think the task force recommendations are a great first step."

#### **More information**

For more on HIV testing, check out the [National Center for HIV, STD, and TB Prevention](#). For a complete summary of the recommendations, head to the [USPSTF](#).